MOV 0 8 2005	this form, together wit		or l	Commis P.O. Bo Alexand Sax (571) 27	Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (571) 273-2885				
			JE FEE and rders and noti a) specifying a			·			
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03 FC:8001 APPLICATION NO.	30_00 NP FILING DATE		FIRST NAMEI	LINUENTOR					
10/758,628	01/15/2004		Tseung-Yı		A	DEE-PT145	CONFIRMATION NO. 6112		
APPLN. TYPE	SMALL ENTITY	ISSUE F		PUBLICATION		TOTAL FEE(S) DUE	DATE DUE		
nonprovisional	YES	\$700	, .	\$300		\$1000	11/14/2005		
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PHAM	PHAM, LONG 2814				257-295000				
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(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) National Chiao-Tung University 1001 Ta Hsueh Road Hsinchu Taiwan 300 R.O.C.									
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	is requested to apply the Issu hublication Fee (if required) words of the United States Pate								
Authorized Signature	Steph B. Chr.					proor			
Typed or printed name Stephen B. Schott				P	egistration No.	51,294			
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TART B - PER(O) TRANSMITTIME

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Application Number 10/758,628

Filing Date January 15, 2004

First Named Inventor Tseng et al.

Art Unit 2814

Examiner Name Long Phom

Attorney Docket Number

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

the date shown below:

Typed or printed name

Stebhen B. Schott

Signature

Long Pham

DEE-PT145

ENCLOSURES (Check all that apply)								
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53		Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Address Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD Remarks		After Allowance Communication to TC Appeal Communication to Board of Appeals and Interferences Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below): Form PTOL-85 Issue Fee Transmittal with Certification of First Class Mail				
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT							
Firm Name VOLP	PE AND KOENIG, F		JANE 1, O	I AOLII				
Printed name Stephen B. Schott								
Date 11/ 7/2007			Reg. No.	51,294				
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COMPANY	ropriations Act, 2005 (H.R. 4818).	Application Number	10/758,628		
FEE TRAN	ISMITIAL	Filing Date	January 15, 2004		
For FY	2005	First Named Inventor	Tseng et al.		
.		Examiner Name	Long Pham		
Applicant claims small entity st	atus. See 37 CFR 1.27	Art Unit	2814		
TOTAL AMOUNT OF PAYMENT	(\$) 1,030.00	Attorney Docket No.	DEE-PT145		
METHOD OF PAYMENT (chec	k all that apply)				
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Check Credit Card Money Order None Other (please identify): Deposit Account Deposit Account Number: 22-0493 Deposit Account Name: Volpe and Koenig, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
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FEE CALCULATION	.							
1. BASIC FILING, SEA								
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Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Pai	<u>d (\$)</u>
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 50 25 100 100								
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